MAR 1 9 2004



SEC	Potential persons who are to respond to the collection of information contained in
1972	this form are not required to respond unless the form displays a currently valid

(6/99) OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

PROCESSED MAR 22 2004

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response... 1

SEC	USE ON	ILY
Prefix		Serial
DAT	E RECEI	VED

Name of Offering (check if this is an amendment HCM Venture Fund, L.P.	and name has	changed, and	indicate change.)	
Filing Under (Check box(es) that apply): Type of Filing: [] New Filing [X] Amendment	[] <u>Rule 505</u>	[X] <u>Rule</u> 506	[] Section 4(6)	[] ULOE

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A. BASIC IDENTIFICATION DATA

1. Enter the information	requested about the issuer	
Name of Issuer (check in HCM Venture Fund, L.P.	if this is an amendment and name has changed,	, and indicate change.)
Address of Executive O Number (Including Area		Code) Telephone
81 Beach Road, Belvec	dere, California, 94920 (415) 435-1982	
Address of Principal Bu Telephone Number (Inc (if different from Execut		State, Zip Code)
Brief Description of Bus	siness	
Private investment company	y	
Type of Business Organization		
[] corporation	[X] limited partnership, already formed	[] other (please specify):
[] business trust	[] limited partnership, to be formed	
en version and an antifer and the second and an artist	Month Year	одинати и под от требот чения от предоставления до под под под под под под под под под
Actual or Estimated Da	te of	[X] Actual
Incorporation or Organ	ization: [0][2] [0][1]	[] Estimated
	ration or Organization: (Enter two-letter U.S. Po FN for other foreign jurisdiction) [D][E]	stal Service abbreviation for
GENERAL INSTRUCTION	DNS	
Federal:		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) [] Pro-[] Beneficial [x] Executive [] Director [] General that Apply: Owner Officer and/or moter Managing Partner Full Name (Last name first, if individual) Hovan, Kurt Steven Business or Residence Address (Number and Street, City, State, Zip Code) 81 Beach Road, Belvedere, CA 94920 Check Box(es) [] Pro-[] Beneficial [] Executive [] Director [X] General that Apply: moter Owner Officer and/or Managing Partner Full Name (Last name first, if individual) Hovan Capital Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 81 Beach Road, Belvedere, CA 94920 Check Box(es) [] Pro-[] Beneficial [] Executive [] Direc- [] General that Apply: moter Owner Officer and/or tor Managing

Partner

Full Name (Las	t nam	e first,	if in	dividual)						
Business or Re	esiden	ce Add	dress	s (Number an	d Str	eet, City, Sta	te, Z	ip Code)	
Check Box(es) that Apply:		Pro- noter	[]	Beneficial Owner		Executive Officer	[]	Direc- tor	[]	General and/or Managing Partner
Full Name (Las	t nam	e first,	if in	dividual)			Carlor Manager			
Business or Re	esiden	ce Add	dress	s (Number an	d Str	eet, City, Sta	ite, Z	ip Code)	
Check Box(es) that Apply:		Pro- noter	[]	Beneficial Owner	[]	Executive Officer	[]	Direc- tor	[]	General and/or Managing Partner
Full Name (Las					erene en					
Business or Re	esiden	ce Ad	dress	s (Number an	d Str	eet, City, Sta	ite, Z	ip Code)	
Check Box(es) that Apply:		Pro- noter	[]	Beneficial Owner	[]	Executive Officer	[]	Direc- tor		General and/or Managing Partner
Full Name (Las	st nam	e first,	if in	dividual)						
Business or Re	esiden	ce Ad	dres	s (Number an	ıd Str	eet, City, Sta	ite, Z	ip Code)	
(Use	blank	sheet,	or c	opy and use	additi	onal copies	of th	is sheet	:, as ı	necessary.)

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B. INFORMATION ABOUT OFFERING

The second secon	eri juga eri a eri juden og stravens kur e	LUGAN, CO. TO MERCO (CORP), CORP, CO		Carrier Control of Con			general project of actions of public		annessa anniaria ("A" Salam (Sa	an agus e mare lliúine e a limba	Mer (in the Affician A recovering in the con-	2.7 3.6 7.96
1. Has the investors					uer intei	nd to se	II, to no	n-accred	dited		Yes [X]	No []
		A	nswer a	also in A	Appendi	x, Colui	nn 2, if 1	iling un	der ULO	E.		
2. What is the minimum investment that will be accepted from any individual?											\$250,000)
	3. Does the offering permit joint ownership of a single Yes No [x] []											No []
given, dire solicitatio person to registered dealer. If r	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Name	(Last	name f	irst, if i	ndividua	al)	30.041.041.V-30.L-0.4.30						
Business	or Res	sidence	Addres	ss (Num	ber and	Street,	City, St	ate, Zip	Code)			
Name of A	Associ	ated Br	oker or	Dealer								
States in \	Which	Persor	n Listed	Has So	licited o	r Intend	ls to Sol	icit Pur	chasers	and a second and a second second		
(Check "A	All Stat	tes" or	check ir	ndividua	l States	;)	•••••			į :	All Stat	es
[AL] [A	(K)	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[11] [11	N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [N	IE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] [S	C]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last	name 1	first, if i	ndividua	al)							

Business or Residence Address (Number and Street, City, State, Zip Code)

States	in Whic	ch Perso	n Liste	d Has So	olicited o	or Inten	ds to So	licit Pur	chasers			
(Chec	(Check "All States" or check individual States)									[]	All Stat	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[СТ]	[DE]	[DC]	(FL)	[GA]	[HI]	[10
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[N
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[P
Busin	ess or R	Residenc	e first, if the Addre	ess (Nur	mber and	d Street	, City, St	ate, Zip	Code)			
Busin Name States	ess or R of Asso	Residence ociated E	ce Addre Broker o	ess (Nur r Dealer d Has So	nber and	or Inten	ds to So				All Stat	es
Busin Name States	ess or R of Asso	Residence ociated E	ce Addre	ess (Nur r Dealer d Has So	nber and	or Inten	ds to So				All Stat	es
Busin Name States	ess or R of Asso	Residence ociated E	ce Addre Broker o	ess (Nur r Dealer d Has So	nber and	or Inten	ds to So				All Stat	
Busin Name States (Chec	of Asso	Residence ociated E	ee Addre Broker o	ess (Nur r Dealer d Has So	nber and	or Intend	ds to So	licit Pur	chasers	[]		[11
Busin Name States (Chec	of Asso in Whick 'All St	Residence ociated E ch Perso tates" or	Broker o	ess (Nur r Dealer d Has Sc individu	olicited and states	or Intends)	ds to So 	licit Pur [DC]	chasers [FL]	[] [GA]	(HI)	(N (P

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1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Aiready Sold
Debt	\$0	\$0
Equity	\$0	\$0
[] Common [] Preferred		
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$100,000,000	\$8,772,383
Other (Specify:).	\$ 0	\$ 0
Total	\$100,000,000	\$8,772,383

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	54	\$8,747,383
Non-accredited Investors	1	\$ 25,000
Total (for filings under Rule 504 only)	·	\$

Answer also in Appendix, Column 4, if filing under

3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the welve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	[]	\$
Printing and Engraving Costs	[]	\$
Legal Fees	[x] \$ 9,000
Accounting Fees	[x] \$ 28,000
Engineering Fees	[]	\$
Sales Commissions (specify finders' fees separately)	[]	\$
Other Expenses (identify)	[]	\$

ULOE.....

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$99,963,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[]\$	[]\$
Purchase of real estate	[]\$	[]\$
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[]\$
Construction or leasing of plant buildings and facilities	[]\$	[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	[]\$
Repayment of indebtedness	[]\$	[]\$
Working capital	[]\$	[]\$
Other (specify): investment in securities in accordance with the issuer's investment objective and strategies.	[]\$	[X] \$99,963,000
Column Totals	[]\$	[X] \$99,963,000
Total Payments Listed (column totals added)	[X]\$99	.963,000

n	FED	ERA	N S	IGN	ΔΤΙ	IRE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

Issuer (Print or Type)	Signature // Date
HCM Venture Fund, L.P.	ColuMS 1 3/1/09
Name of Signer (Print or Type)	Title of Signer (Print or Type)
	Managing Member, Hovan Capital Management LLC, General Partner

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date				
HCM Venture Fund, L.P.	Jus Dh 5/1/04				
Name of Signer (Print or Type)	Title (Print or Type)				
Kurt S. Hovan	Managing Member, Hovan Capital Management LLC, General Partner				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date				
HCM Venture Fund, L.P.					
Name of Signer (Print or Type)	Title (Print or Type)				
	Managing Member, Hovan Capital Management LLC, General Partner				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	to non-ac	to sell	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	T		estor and		Disqual under UL (if yes explan waiver	5 lification r State .OE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredit ed Investor s	of Non- Accredit Accredit ed ed Investor Investor			Yes	No
AL									
AK									
AZ									

AR							
CA	х	Limited Partnership Interests \$100 million	14	\$1,252,000	1	\$25,000	х
СО							
СТ	X	Limited Partnership Interests \$100 million	3	\$149,000			X
DE							
DC	x	Limited Partnership Interests \$100 million	1	\$84,500			х
FL	х	Limited Partnership Interests \$100 million	1	\$22,000			x
GA							
HI							
ID							
IL	x	Limited Partnership Interests \$100 million	2	\$180,000			x
IN							

IA						
KS			A. (1)			
ΚY						
LA						
ME						
MD						
MA	x	Limited Partnership Interests \$100 million	7	\$539,000		х
Mi						
MN						
MS						
МО						
MT						
NE				·		
NV	X	Limited Partnership Interests \$100 million	1	\$475,000		x
NH						

NJ	X	l	d Partnership nterests 00 million	12	\$2,196,000			x
NM								
NY	X	Par Ir	imited rtnership iterests 00 million	9	\$1,840,000			х
NC								
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тх	X	Pai Ii	Limited rtnership aterests	1	\$100,000			X
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VT					
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http://www.sec.gov/smbus/forms/d.htm Last update: 08/27/1999